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TO	Mail Stop Petition
COMPANY	USPTO
FAX NUMBER	17038729306
FROM	Tracy Druce
DATE	2005-03-24 23:08:46 GMT
RE	Application No. 10/635,899 - Our 7298.075.NPUS01

COVER MESSAGE

Please enter our attached Petition, Response to Notice to
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Thank you,

- Tracy W. Druce
Novak Druce & Quigg, LLP

/rmy

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PTO/SB/21 (09-04)

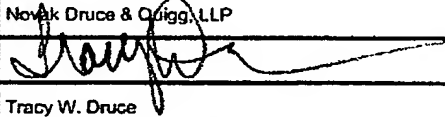
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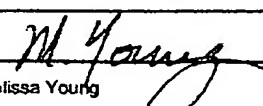
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/635.899
	Filing Date	08-07-2003
	First Named Inventor	PETRIE, Aidan
	Art Unit	3727
	Examiner Name	NOT ASSIGNED
	Attorney Docket Number	7298.075.NPUS01
Total Number of Pages in This Submission		

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input checked="" type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD. Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD <div style="border: 1px solid black; padding: 2px;">Remarks</div>	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Credit Card Authorization; and Copy of Notice

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Novak Druce & O'Leary, LLP		
Signature			
Printed name	Tracy W. Druce		
Date	24 Mar 05	Reg. No.	35,493

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Melissa Young	Date	24 Mar 05

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**FEE TRANSMITTAL
for FY 2005**

Patent fees are subject to annual revision.

Complete if Known**TOTAL AMOUNT OF PAYMENT (\$)** 2400

Application Number	10/635,899
Filing Date	08-07-2003
First Named Inventor	PETRIE, Aidan
Examiner Name	NOT ASSIGNED
Group / Art Unit	3727
Attorney Docket No.	7298.075.NPUS01

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)			
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None					
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Deposit Account Name	NOVAK DRUCE & QUIGG, LLP				
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1. BASIC FILING FEE		3. ADDITIONAL FEES			
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	770
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	
SUBTOTAL (1)					(\$) 770
2. EXTRA CLAIM FEES					
Total Claims		Extra Claims		Fee from below	Fee Paid
Independent Claims		0	X		0
Multiple Dependent Claims		0	X		0
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	
103	18	203	9	Claims in excess of 20	
102	84	202	42	Independent claims in excess of 3	
104	280	204	140	Multiple dependent claim, if not paid	
109	84	209	42	** Reissue independent claims over original patent	
110	18	210	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					(\$) 0
**or number previously paid, if greater. For Reissues, see above					
				Other fee (specify) _____	
				*Reduced by Basic Filing Fee Paid	
SUBTOTAL (3)					(\$) 1630

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Tracy W. Druce	Registration No. Attorney/Agent	35,493	Telephone	202.659-0100
Signature		Date	03/24/2005		

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